Paper No.: DATE	SPE RESPONSE F	OR CERTIFICATE OF CORRECTION
TO SPE OF : ART UNIT		Paper No.:
Please review the requested changes/corrections as shown in the COCIN document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please complete the response (see below) and forward the completed response to scanning using document code COCX. FOR PAPER FILES: Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to: Certificates of Correction Branch (CofC) Randolph Square – 9D40-A Palm Location 7580 Thank You For Your Assistance The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Denied State the reasons for denial below.	DATE : 1 9 10	
Please respond to this request for a certificate of correction within 7 days. FOR IFW FILES: Please review the requested changes/corrections as shown in the COCIN document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please complete the response (see below) and forward the completed response to scanning using document code COCX. FOR PAPER FILES: Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to: Certificates of Correction Branch (CofC) Randolph Square – 9D40-A Palm Location 7580 The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Approved in Part Specify below which changes do not apply.		
Please review the requested changes/corrections as shown in the COCIN document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please complete the response (see below) and forward the completed response to scanning using document code COCX. FOR PAPER FILES: Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to: Certificates of Correction Branch (CofC) Randolph Square – 9D40-A Palm Location 7580 Thank You For Your Assistance The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Denied State the reasons for denial below.		
Please review the requested changes/corrections as shown in the COCIN document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please complete the response (see below) and forward the completed response to scanning using document code COCX. FOR PAPER FILES: Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to: Certificates of Correction Branch (CofC) Randolph Square – 9D40-A Palm Location 7580 Thank You For Your Assistance The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Denied State the reasons for denial below.		rtificate of correction within 7 days.
the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please complete the response (see below) and forward the completed response to scanning using document code COCX. FOR PAPER FILES: Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to: Certificates of Correction Branch (CofC) Randolph Square – 9D40-A Palm Location 7580 Thank You For Your Assistance The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Denied State the reasons for denial below.		
using document code COCX. FOR PAPER FILES: Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to: Certificates of Correction Branch (CofC) Randolph Square – 9D40-A Palm Location 7580 Certificates of Correction Branch 703-756-1571 Thank You For Your Assistance The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Approved in Part Specify below which changes do not apply. Denied State the reasons for denial below.	the IFW application image. No new ma	
Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to: Certificates of Correction Branch (CofC) Randolph Square – 9D40-A Palm Location 7580 Certificates of Correction Branch 703-756-1571 Thank You For Your Assistance The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Approved in Part Specify below which changes do not apply. Denied State the reasons for denial below.	· · · · · · · · · · · · · · · · · · ·	low) and forward the completed response to scanning
Certificates of Correction Branch (CofC) Randolph Square – 9D40-A Palm Location 7580 Certificates of Correction Branch (CofC) Randolph Square – 9D40-A Palm Location 7580 Certificates of Correction Branch 703-756-1571 Thank You For Your Assistance The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Approved in Part Specify below which changes do not apply. Denied State the reasons for denial below.	FOR PAPER FILES:	
Randolph Square – 9D40-A Palm Location 7580 Certificates of Correction Branch 703-756-1571 Thank You For Your Assistance The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Approved in Part Specify below which changes do not apply. Denied State the reasons for denial below.	•	
Approved Approved All changes apply. Approved in Part Specify below which changes do not apply. Denied State the reasons for denial below.	Thank You For Your Assistance	
□ Approved in Part Specify below which changes do not apply. □ Denied State the reasons for denial below.		entified correction(s) is hereby:
□ Approved in Part Specify below which changes do not apply. □ Denied State the reasons for denial below.	Approved	All changes apply.
		Specify below which changes do not apply.
Comments:	☐ Denied	State the reasons for denial below.
	Comments:	
	_	
		1 Am
1 Am		DAVID DUNN 3676
DAVID DUNN 3636	75	SUPERVISORS PEENT EXAMINER Art Unit